

UNITED STATES DISTRICT COURT

for the

Eastern District of Michigan

Central Division



Case: 2:24-cv-12073

Assigned To : Michelson, Laurie J.

Referral Judge: Ivy, Curtis, Jr

Assign. Date : 8/7/2024

Description: CMP Andrew Magdy

Kamal v. Ford Motor Company (JH)

Andrew Magdy Kamal

Case No.

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Ford Motor Company

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Andrew Magdy Kamal
Street Address	801 W Big Beaver Rd. Suite - 300 MB #38
City and County	Troy / Oakland
State and Zip Code	Michigan, 48084
Telephone Number	616-541-9038
E-mail Address	andrew@starkdrones.org

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Ford Motor Company
Job or Title <i>(if known)</i>	
Street Address	1 American Road
City and County	Dearborn / Wayne
State and Zip Code	MI, 48126
Telephone Number	(313) 322-3000
E-mail Address <i>(if known)</i>	hr@ford.com, speakup@ford.com

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	Ford Motor Company
Street Address	1 Ameican Road
City and County	Dearborn / Wayne
State and Zip Code	MI, 48126
Telephone Number	(313) 322-3000

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☒ Other federal law *(specify the federal law)*:

Leahy-Smith America Invents Act

☒ Relevant state law *(specify, if known)*:

MCL - Section 600.5807

☐ Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- | | |
|-------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Failure to hire me. |
| <input checked="" type="checkbox"/> | Termination of my employment. |
| <input checked="" type="checkbox"/> | Failure to promote me. |
| <input type="checkbox"/> | Failure to accommodate my disability. |
| <input type="checkbox"/> | Unequal terms and conditions of my employment. |
| <input checked="" type="checkbox"/> | Retaliation. |
| <input checked="" type="checkbox"/> | Other acts <i>(specify)</i> : <u>Lost Potential Patent Royalties, Related Promotions or Benefits</u> |

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)
June 17th, and the dates set forth in the EEOC Charge Letter

C. I believe that defendant(s) *(check one)*:

- | | |
|-------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> | is/are still committing these acts against me. |
| <input type="checkbox"/> | is/are not still committing these acts against me. |

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- | | | |
|-------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> | race | _____ |
| <input type="checkbox"/> | color | _____ |
| <input type="checkbox"/> | gender/sex | _____ |
| <input checked="" type="checkbox"/> | religion | <u>Needs the Discovery Process</u> |
| <input checked="" type="checkbox"/> | national origin | <u>Needs the Discovery Process</u> |
| <input type="checkbox"/> | age <i>(year of birth)</i> | _____ <i>(only when asserting a claim of age discrimination.)</i> |
| <input checked="" type="checkbox"/> | disability or perceived disability <i>(specify disability)</i> | |
| | <u>Aspergers or related perceived social disability</u> | |

E. The facts of my case are as follows. Attach additional pages if needed.

The facts are attached in the EEOC verified complaint, and the charge as well as notice of right to sue letter as supporting info.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)* July 17th, 2024 was when the charge was officially filed as amended

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* 07/18/2024 .

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Monetary damages which include up to \$5 Million dollars as a result of:

- Emotional Distress
 - Lost wages and benefits
 - Potential Lost Patent Awards/Royalties
 - Lost Promotional Opportunities including the Potential of a Research Subsidiary that was being discussed with Ford
 - Lost Employment Opportunities and Damage to Reputation
 - Effects on Health (See Attached Supplementary Documents)
 - Other Benefits Lost and Related
-

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 08/07/2024

Signature of Plaintiff /Andrew Magdy Kamal/

Printed Name of Plaintiff Andrew Magdy Kamal

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____